

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation *Other (Specify) <input type="checkbox"/> Revision	
3. Date Received: 10/07/2010		4. Applicant Identifier:
5a. Federal Entity Identifier: NEG-WI-ST-10-001		*5b. Federal Award Identifier:
State Use Only:		
6. Date Received By State:		7. State Application Identifier:
8. APPLICANT INFORMATION:		
*a. Legal Name: Wisconsin Department of Workforce Development		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 39-6006449		*c. Organizational DUNS: 809448012
d. Address:		
*Street 1: 201 E. Washington Avenue, Room G400 Street 2: P.O. Box 7946 *City: Madison County: Dane *State: WI Province: *Country: US *Zip / Postal Code: 53707-7946		
e. Organizational Unit:		
Department Name: Administrative Services Division		Division Name:
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: *First Name: Middle Name: *Last Name: <u>Annette Nekola</u> Suffix:		
Title:		
Organizational Affiliation: Administrative Services Division		
*Telephone Number: (608) 267-7145		Fax Number: (608) 267-2392
*Email: annette.nekola@dwd.wi.gov		

Application for Federal Assistance SF-424	Version 02
*9. Type of Application 1: Select Applicant Type: A. State Government Type of Applicant 2: Select Applicant Type: Type of Applicant 3: Select Applicant Type: *Other (Specify)	
*10. Name of Federal Agency: DOL/ETA	
11. Catalog of Federal Domestic Assistance Number: 17 - 260 CFDA Title: WIA DISLOCATED WORKERS	
*12. Funding Opportunity Number: N/A *Title: N/A	
13. Competition Identification Number: Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.): The Chrysler Engine Plant is located in the City of Kenosha, Wisconsin, population 96,950, that is within the County of Kenosha, population 165,655. Kenosha County is part of the Southeast Wisconsin (SE) Workforce Development Area (WDA) which also includes Racine and Walworth Counties. Kenosha Countys southern border is Lake County in Illinois. The County is located approximately mid-way between metropolitan Milwaukee and Chicago. About 86% of the affected employees live in the SE WI WDA. About 60% live in Kenosha County and about 25% in Racine County. About 7% are Illinois residents. The July 2010 unemployment rate for Kenosha County is 10.5%, the third highest among the states 72 counties. As recently as February 2010, it was over 12%. A significant number of Kenosha County residents already commute to jobs outside the county.	
*15. Descriptive Title of Applicant's Project: Chrysler-Kenosha Engine Plant	

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: WI District 2	*b. Program/Project: WI District 1	
17. Proposed Project:		
*a. Start Date: 10/01/2010	*b. End Date: 09/30/2012	
18. Estimated Funding (\$):		
*a. Federal:	\$ 2,601,207	
*b. Applicant:	\$ 0	
*c. State:	\$ 0	
*d. Local:	\$ 0	
*e. Other:	\$ 0	
*f. Program Income:	\$ 0	
*g. TOTAL:	\$ 2,601,207	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
[] a. This application was made available to the State under the Executive Order 12372 Process for review on		
[X] b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
[] c. Program is not covered by E.O. 12372.		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
[] Yes [X] No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
[X] ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix:	*First Name:	
Middle Name:		
*Last Name:	<u>Susan D. Canty</u>	
Suffix:		
*Title: Administrator		
*Telephone Number: 608-261-4599	Fax Number: 608-267-7952	
*Email: Susan.canty@dwd.state.wi.us		
*Signature of Authorized Representative: Susan D. Canty	*Date Signed: 10/07/2010	

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form (including the continuation sheet) required for use as a cover sheet for submission of preapplications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the Federal agency (agency). Required items are identified with an asterisk on the form and are specified in the instructions below. In addition to the instructions provided below, applicants must consult agency instructions to determine specific requirements.

Item	Entry:	Item	Entry:
1.	Type of Submission: (Required): Select one type of submission in accordance with agency instructions. • Preapplication • Application • Changed/Corrected Application – If requested by the agency, check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date.	10.	Name Of Federal Agency: (Required) Enter the name of the Federal agency from which assistance is being requested with this application.
		11.	Catalog Of Federal Domestic Assistance Number/Title: Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.
2.	Type of Application: (Required) Select one type of application in accordance with agency instructions. • New - An application that is being submitted to an agency for the first time. • Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals. • Revision - Any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided. A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify)	12.	Funding Opportunity Number/Title: (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.
		13.	Competition Identification Number/Title: Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable.
		14.	Areas Affected By Project: List the areas or entities using the categories (e.g., cities, counties, states, etc.) specified in agency instructions. Use the continuation sheet to enter additional areas, if needed.
3.	Date Received: Leave this field blank. This date will be assigned by the Federal agency.	15.	Descriptive Title of Applicant's Project: (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For preapplications, attach a summary description of the project.
4.	Applicant Identifier: Enter the entity identifier assigned by the Federal agency, if any, or the applicant's control number if applicable.		
5a.	Federal Entity Identifier: Enter the number assigned to your organization by the Federal Agency, if any.	16.	Congressional Districts Of: (Required) 16a. Enter the applicant's Congressional District, and 16b. Enter all District(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5th district, CA- 012 for California 12th district, NC-103 for North Carolina's 103rd district. • If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. • If nationwide, i.e. all districts within all states are affected, enter US-all. • If the program/project is outside the US, enter 00-000.
5b.	Federal Award Identifier: For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number. If a changed/corrected application, enter the Federal Identifier in accordance with agency instructions.		
6.	Date Received by State: Leave this field blank. This date will be assigned by the State, if applicable.		
7.	State Application Identifier: Leave this field blank. This identifier will be assigned by the State, if applicable.		
8.	Applicant Information: Enter the following in accordance with agency instructions: a. Legal Name: (Required): Enter the legal name of applicant that will undertake the assistance activity. This is the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website. b. Employer/Taxpayer Number (EIN/TIN): (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.	17.	Proposed Project Start and End Dates: (Required) Enter the proposed start date and end date of the project.
		18.	Estimated Funding: (Required) Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.

	c. Organizational DUNS: (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website.	19.	Is Application Subject to Review by State Under Executive Order 12372 Process? Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State.		
	d. Address: Enter the complete address as follows: Street address (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US).	20.	Is the Applicant Delinquent on any Federal Debt? (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes. If yes, include an explanation on the continuation sheet.		
	e. Organizational Unit: Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the assistance activity, if applicable.	21.	Authorized Representative: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant. A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)		
	f. Name and contact information of person to be contacted on matters involving this application: Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.				
9.	Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions. <table border="0"> <tr> <td style="vertical-align: top;"> A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority </td> <td style="vertical-align: top;"> M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify) </td> </tr> </table>	A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority	M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify)		
A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority	M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify)				



U.S. Department of Labor
Employment and Training Administration

OMB Approval No. 1205-0439
Expiration date: 07/31/2013

Project Synopsis Form

National Emergency Grant Electronic Application System

State of WI	Amount of Funding Request \$2,601,207	Amount Approved by DOL \$
Project Name: Chrysler-Kenosha Engine Plant		
Project Type: Dual Enrollment		
<p>Description of Activities To Be Provided: This NEG will provide an array of re-employment services including intake; in depth career and academic assessment; career counseling; employability plan development; job search preparation workshops; basic skills remediation; computer literacy training; short-term boot camp style job skills training to meet entry level skill requirements of area employers; supportive services; stress and family counseling as needed; employer outreach and job development. Workers eligible for Trade Adjustment Assistance (TAA) services will be provided services through a fully integrated dual enrollment model with the NEG providing wrap-around services to TAA-funded allowable training and supportive services. Given the state of the economy in general, and the status of the manufacturing sector in particular, it is expected that most workers will need intensive and fairly long term readjustment services, including retraining and intensive work search. The characteristics of the affected workers, as surveyed, will pose special challenges to re-employment in the current economy. These factors include: 70% age 45 and older; 37% have more than 20 years seniority and more than 60% earn more than \$23.00 per hour. The activities and services will be managed through the Southeast Wisconsin Workforce Development Board and Kenosha County Job Center. The Kenosha County Job Center was one of the first integrated service centers for workforce development in the nation. In 1988, the concept of the One-Stop Job Center was implemented in response to two events - the threatened closure of the Chrysler auto assembly plant and welfare reform. In addition to the existing Job Center, a site dedicated to workers affected by the Chrysler closure is being planned. A portion of funds under this grant, as allowable, will be used to staff and support this site once it is developed. Summaries of available services and worker information collected through surveying are attached.</p>		
Application Type: Full		
(If Emergency, reason:)		
<p>Description of Dislocation Event: The Chrysler Engine Plant in Kenosha, WI, is being closed on October 22, 2010. This event signals the end of a more than 100 years of auto industry employment in Kenosha. It will impact about 700 people who have been working for one of the highest paying employers in the County. The average wage for Kenosha County is \$35,370 annually and the estimated average wage at Chrysler is \$60,320. In the 1960s, the Kenosha auto plant employed 16,000. In 1988 and 1989, 6,000 employees were laid off from the Chrysler auto assembly plant, forever changing the economy of Kenosha County which will again be further changed by the closure of the engine plant. The Chrysler Engine Plant closure will affect approximately 575 employees represented by the United Automobile, Aerospace and Agricultural Workers of America (UAW) Local 72 and the International Association of Machinists and Aerospace Workers (IAM) Lodge 66 and approximately 40 salaried workers of the Chrysler Corporation. The affected workforce also includes on-site leased workers from Caravan Knight Facilities Management and Syncreon Automotive. The Chrysler Engine Plant workers were certified as eligible to apply for benefits under the Trade Adjustment Assistance (TAA) program on September 2, 2009 (TA-W-70,784). This certification was amended on May 10, 2010 to include Caravan Knight Facilities Management and again on August 13, 2010 to add Syncreon Automotive. The closure will also impact some employees of vendors at the plant. Leased workers and vendor employees were not separately identified during rapid response activities. The Employer/Event section of this application pertains to the total workforce, not just workers employed by Chrysler.</p>		
Applicant Contact Person: Annette Nekola		
Street Address 1: 201 E. Washington Avenue, Room G400		
Street Address 2: P.O. Box 7946		
City: Madison State: WI Zip Code: 53707-7946		
Telephone: (608) 267-7145		
Fax: (608) 267-2392		
Email: annette.nekola@dwd.wi.gov		
Planned Number of Participants:	448	Planned Entered Employment Rate: 84.20%
Planned Cost per Participant:	\$5806.27	Actual Cost per Participant in Prior PY: \$
% of Planned Participants Receiving NRPs: 0%		Planned Earnings: 14400
<p>Counties included in Project Service Area: The Chrysler Engine Plant is located in the City of Kenosha, Wisconsin, population 96,950, that is within the County of Kenosha, population 165,655. Kenosha County is part of the Southeast Wisconsin (SE) Workforce Development Area (WDA) which also includes Racine and Walworth Counties. Kenosha County's southern border is Lake County in Illinois. The County is located approximately mid-way between metropolitan Milwaukee and Chicago. About 86% of the affected employees live in the SE WI WDA. About 60% live in Kenosha County and about 25% in Racine County. About 7% are Illinois residents. The July 2010 unemployment rate for Kenosha County is 10.5%, the third highest among the states 72 counties. As recently as February 2010, it was over 12%. A significant number of Kenosha County residents already commute to jobs outside the county.</p>		
Project Operator Listing: Southeast Wisconsin Workforce Development Board		

Public Burden Statement: Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control number. Respondents' obligation to complete this form is required to obtain or retain benefits (PL: 107-210). Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This is public information and there is no expectation of confidentiality. Send comments regarding this burden estimate to the U.S. Department of Labor, Office of National Response, Room C-5311, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371).

ETA 9106 (March 2004)



U.S. Department of Labor
Employment and Training Administration

OMB Approval No. 1205-0439
Expiration date: 07/31/2013

Employer Data Form

National Emergency Grant Electronic Application System

Company/Industry	Location of Facility	Notification Type	Date of Notification	Layoff Date(s)	Number of Affected Workers
Chrysler Engine Plant	5555 30th Avenue Kenosha, WI 53144	WARN	08/06/2010	10/22/2010	700 Closure: Yes

Date(s) of Rapid Response Actions	# of Workers Contacted	Field Surveys Completed	TAA Petition	Number of Planned Participants	Labor Organization Representation
Contact with Employer: 07/27/2010 Contact with Workers: 08/10/2010 08/12/2010 08/17/2010 08/19/2010	372	366	Date Filed: 09/02/2009 700 Number of Workers Covered	448	UAW Local 72, IAM Lodge 66

Type of Business: Manufacturing	Two-Digit NAIC Code: 31-33
---------------------------------	----------------------------

Public Burden Statement: Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control number. Respondents' obligation to complete this form is required to obtain or retain benefits (PL: 107-210). Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This is public information and there is no expectation of confidentiality. Send comments regarding this burden estimate to the U.S. Department of Labor, Office of National Response, Room C-5311, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371).

ETA 9105 (March 2004)



U.S. Department of Labor
Employment and Training Administration

OMB Approval No. 1205-0439
Expiration date: 07/31/2013

Project Operator Data Form
National Emergency Grant Electronic Application System

Project Operator: Southeast Wisconsin Workforce Development Board		
Street Address 1: 8600 Sheridan Road, Suite 100		
Street Address 2:		
City: Kenosha	State: WI	Zip Code: 53143-6507
Contact Person: John Milisauskas		
Telephone: (262) 697-4586		
FAX: (262) 697-4655		
Email: john.milisauskas@kenoshacounty.org		
Duration of Project Operator Agreement:	Start: 10/01/2010	End: 09/30/2012
Funding Level: \$2,562,766		
Number of Participants: 448		
Counties included in Project Operator Service Area: Kenosha; Racine; Walworth		

Public Burden Statement: Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control number. Respondents' obligation to complete this form is required to obtain or retain benefits (PL: 107-210). Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This is public information and there is no expectation of confidentiality. Send comments regarding this burden estimate to the U.S. Department of Labor, Office of National Response, Room C-5311, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371).

ETA 9107 (March 2004)



U.S. Department of Labor
Employment and Training Administration

OMB Approval No. 1205-0439
Expiration date: 07/31/2013

Planning Form (Dual Enrollment)

National Emergency Grant Electronic Application System

All quarterly entries are CUMULATIVE over all previous quarters.

PERFORMANCE FACTOR	PROGRAM YEAR QUARTER									
	ADMIN	PROGRAM	QTR1 12/31/2010	QTR2 03/31/2011	QTR3 06/30/2011	QTR4 09/30/2011	QTR5 12/31/2011	QTR6 03/31/2012	QTR7 06/30/2012	QTR8 09/30/2012
IMPLEMENTATION SCHEDULE										
Receiving Intensive Services			300	448	448	448	448	448	448	448
Enrolled In Training (NEG-Funded Only)			0	5	25	25	40	40	40	40
Receiving Supportive Services (NEG-Funded Only)			10	50	160	186	186	186	186	186
Exits			0	5	25	95	200	275	375	448
Entering Employment At Exit			0	5	23	86	180	248	315	377
Total Planned Participants			300	448	448	448	448	448	448	448
Supportive Services		0	0	0	0	0	0	0	0	0
Admin Excluding NRP Processing*	38,441		5,200	10,000	14,800	20,000	24,800	29,600	34,400	38,441
NRP Processing*	0		0	0	0	0	0	0	0	0
Other*		0	0	0	0	0	0	0	0	0
Total: Program Management And Oversight	38,441	0	5,200	10,000	14,800	20,000	24,800	29,600	34,400	38,441
Indirect*	0	0	0	0	0	0	0	0	0	0
Other*		0	0	0	0	0	0	0	0	0
Total Expenditures: Grantee Level	38,441	0	5,200	10,000	14,800	20,000	24,800	29,600	34,400	38,441
Core And Intensive Services		1,346,890	168,361	381,933	556,571	652,231	811,428	955,185	1,114,382	1,346,890
Training (NEG-Funded Only)		203,500	0	26,000	52,500	78,750	105,200	131,800	158,500	203,500
Supportive Services (NEG-Funded Only)		762,055	0	108,865	217,730	326,595	435,460	544,325	653,190	762,055
Other*		0	0	0	0	0	0	0	0	0
Admin Excluding NRP Processing*	250,321		20,000	50,000	90,000	130,000	160,000	190,000	200,000	250,321
NRP Processing*	0		0	0	0	0	0	0	0	0
Other*		0	0	0	0	0	0	0	0	0
Total: Program Management And Oversight	250,321	0	20,000	50,000	90,000	130,000	160,000	190,000	200,000	250,321
Total Expenditures: Project Operator Level	250,321	2,312,445	188,361	566,798	916,801	1,187,576	1,512,088	1,821,310	2,126,072	2,562,766
Total Expenditures: Grantee And Project Operator Level	288,762	2,312,445	193,561	576,798	931,601	1,207,576	1,536,888	1,850,910	2,160,472	2,601,207

Public Burden Statement: Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control number. Respondents' obligation to complete this form is required to obtain or retain benefits (PL: 107-210). Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This is public information and there is no expectation of confidentiality. Send comments regarding this burden estimate to the U.S. Department of Labor, Office of National Response, Room C-5311, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371).

ETA 9103-3 (March 2004)

Narrative Statements

Project Type: Dual Enrollment
<p>GENERAL EXPLANATION: Please enter any information that would benefit the reviewers who will approve or deny this application. Use this area to explain items and concepts that you feel need additional information, items that need DOL specialist attention during the review process, or any information on how the program is meeting demand-driven goals.</p> <p>This NEG funding is needed to ensure that individuals displaced due to the closure of the Kenosha Engine Plant will receive services rather than being placed on already long waiting lists. The Southeast Wisconsin WDA expended all of the Program Year 2009 Dislocated Worker formula funds and American Recovery and Reinvestment Act funds available to them and more than 80% of its Program Year 2010 formula funds are already obligated to serve participants continuing from Program Year 2009. Kenosha County presently has a waiting list for enrollment in the dislocated worker program of more than 300 individuals.</p>
Project Overview
<p>Please explain why the planned number of participants exceeds 50% of the number of affected workers.</p> <p>A high demand for services is expected from this affected worker population. Factors influencing this demand and on which the projected number to be served is based include:</p> <ol style="list-style-type: none"> 1) expectation that the local and regional economy will not substantially improve very soon so that few jobs will be available for this workforce; 2) need for workers to make significant career changes due to lack of manufacturing and assembly related jobs; 3) need for workers to develop career and retraining plans and find employment which pays higher than average wages that more closely approximate earnings before dislocation; 4) older age group of affected employees who recognize they will need support for training and employment and 5) worker survey responses indicating high interest in a range of services.
Project Plan
<p>Please delineate the cost components of the planned cost in Admin. Excluding NRP Processing - Program Management and Oversight (Grantee Level).</p> <p>Total = \$38,441 Salaries = \$22,210 Fringe Benefits = \$9,917 Travel = \$500 IT Services = \$2,000 Allocated Costs = \$3,814</p>
<p>Please delineate the cost components of the planned cost in Admin. Excluding NRP Processing (Project Operator Level).</p> <p>Total = \$250,321 Salaries = \$158,249 Fringe Benefits = \$71,212 Travel = \$1,200 Communications = \$3,840 Facilities = \$9,100 Office Supplies = \$720 Allocated Costs = \$6,000</p>